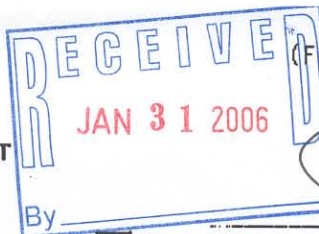




FINANCIAL DISCLOSURE STATEMENT

State Form 40876 (R9 / 2-05)
STATE ETHICS COMMISSION
IC 4-2-6-8



For the calendar year

2005 day

☐ Check if this is an amendment to your current statement.

Name (last) NASS	Name (first) Connie	Name (middle) KAY
Spouse's Name (last) NASS	Name (first) ELIAN	Name (middle) Wayne
Address (street) 615 Park View Drive	Address (city) Huntingburg	Address (ZIP) 47542-0035
Office telephone number (317) 232-3300	Email address (required) nassck@auditor.state.in.us	

I am filing this statement as a (select one) ☐ candidate for office ☒ Incumbent officeholder ☐ state employee

in.us

Office or agency Indiana Auditor of State	Job title Indiana Auditor of State
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Each part must be answered. Words in **bold italics** are included in the definitions.

PART 1 - GIFTS

(If you have information to report below, select YES. If no information, select NO.)

☐ Yes ☐ No

List the name and address of any person known to have a business relationship with the agency of the state officer or employee or the office sought by the candidate, and from whom the state officer, candidate, or the employee, or that individual's spouse or unemancipated children received a gift or gifts having a total fair market value in excess of one hundred dollars (\$100).

Name (last) HANNASS	Address (city) Huntingburg	Address (ZIP code) 47542
Name (last) (string of pearls)	Address (city) this is a joke	Address (ZIP code)
Name (last) ()	Address (city)	Address (ZIP code)

PART 2 - REAL PROPERTY INTERESTS

(If you have information to report below, select YES. If no information, select NO.)

☐ Yes ☐ No

List the location of all real property in which you, your spouse, or your unemancipated children have equitable or legal interest either amounting to five thousand dollars (\$5,000) or more or comprising ten percent (10%) of your net worth or the net worth of your spouse or your unemancipated children. You need not include your residence unless it also serves as income property.

Property and its location NASS & Son, Inc. 208 N. Main St - Huntingburg, IN 47542
Property and its location Cherry Hills Subdivision - South Cherry St " " "
Property and its location Pleasant View Hpts - Birdseye, IN 47513

PART 3 - NON - STATE EMPLOYERS

(If you have information to report below, select YES. If no information, select NO.)

☒ YES ☐ NO

List the name of your employer(s) and the employer(s) of your spouse and the nature of each employer's business.

Your employer State of	Nature of business
Spouse's employer NASS & Son, Inc.	Nature of business funeral goods & services

(receives welfare burial checks)

INSTRUCTIONS

Each part must be answered. Incomplete statements will be returned. Please note that the statement must be affirmed and signed. Complete the form by printing legibly or typing. ***Bold italicized*** words in the form are defined below. Financial Disclosure Statements filed with the State Ethics Commission are available for public inspection, photocopying, and possible access on the agency Web site [www.ethics.in.gov].

WHO MUST FILE THIS FORM, AND WHEN

- 1) The Governor, Lieutenant Governor, Secretary of State, Auditor of State, Treasurer of State, Attorney General, and Superintendent of Public Instruction, any person who is the appointing authority of an agency, the director of each division of the Department of Administration, any purchasing agent within the Procurement Division of the Department of Administration or an employee required to do so by rule adopted by the Commission must file this financial disclosure form no later than February 1 of every year.
- 2) Candidates for Governor, Lieutenant Governor, Secretary of State, Auditor of State, Treasurer of State, Attorney General, and Superintendent of Public Instruction must file this disclosure before filing a declaration of candidacy under IC 3-8-2, petition of nomination under IC 3-8-6, or declaration of intent to be a write-in candidate under IC 3-8-2-2.5, or before a certificate of nomination is filed under IC 3-8-7-8.
- 3) The persons listed in (1) above, must file not later than sixty (60) days after employment or taking office, unless the previous employment or office required the filing of a statement under this section.
- 4) The same persons required to file in (1) above must file not later than thirty (30) days after leaving employment or office, unless the subsequent employment or office requires the filing of a statement under this section.

DEFINITIONS OF TERMS USED IN THIS FORM

- 1) **"Business relationship"** means dealings of a person with an agency seeking, obtaining, establishing, maintaining, or implementing: (A) a pecuniary interest in a contract or purchase with the agency; or (B) a license or permit requiring the exercise of judgement or discretion by the agency.
- 2) **"Employer"** means any person from whom a state officer or employee or the officer's or employee's spouse received compensation (a customer or client of a self-employed individual in a sole proprietorship or a professional practice is not considered to be an employer).
- 3) **"Gift"** means the transfer or promise of a transfer of something of value regardless of the form without adequate and lawful consideration or consideration less than that required of others who are not state officers or employees, including the full or partial forgiveness of indebtedness, which is not extended to others who are not state employees on the same terms and conditions. However, "gift" does not include gifts from relatives of less than two hundred fifty dollars (\$250) or campaign contributions subject to IC 3-9-2.
- 4) **"Person"** means any individual, proprietorship, partnership, unincorporated association, trust, business trust, group, or corporation, whether or not operated for profit, or governmental agency or political subdivision.

PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE
(If you have information to report below, select YES. If no information, select NO.)

☐ Yes ☒ No

List any sole proprietorship owned or professional practice operated by you or your spouse and the nature of the business.

Name of your business	Nature of business
Name of spouse's business	Nature of spouse's business

Do any clients for these businesses listed above have a business relationship with your agency (or in the case of a candidate, with the office sought)?

☐ Yes ☐ No

List the name of any client or customer from whom you or your spouse received more than thirty-three percent (33%) of your (or your spouse's) non-state income in a year.

PART 6 - PARTNERSHIPS

(If you have information to report below, select YES. If no information, select NO.)

☒ YES ☐ NO

List any partnership in which you or your spouse is a member and the nature of the partnership business.

Name of partnership

Nature of partnership

Name of spouse's partnership

Nature of spouse's partnership

PART 6 - OFFICER OR DIRECTOR OF CORPORATION

(If you have information to report below, select YES. If no information, select NO.)

☒ YES ☐ NO

List the name of any corporation in which you or your spouse is an officer or director and the nature of the corporation's business. Churches need not be listed.

Name of corporation

Nature of business

NRSS State Ex. Funeral Home

Funeral Goods & Services

Name of spouse's corporation

Nature of spouse's business

PART 7 - STOCKHOLDER OF CORPORATION

(If you have information to report below, select YES. If no information, select NO.)

☐ YES ☐ NO

List the name of any corporation in which you, your spouse, or your unincorporated children own stock or stock options having a fair market value in excess of ten thousand dollars (\$10,000). A time or demand deposit in a financial institution or insurance policy need not be listed.

Name of corporation

Year's

Dividends

Options

Name of corporation

Name of corporation

PART 8 - MOST RECENT EMPLOYER

(If you have information to report below, select YES. If no information, select NO.)

☐ YES ☐ NO

List the name and address of your most recent former employer.

Name of your most recent former employer

Street address

State of Indiana

City

Indy

Washington St

State

IN

Zip code

Fits citizens

COMMENTS

hand working

AFFIRMATION

I swear or affirm, under the penalty of perjury, that the facts as presented on this Financial Disclosure Statement are true, complete, and correct to the best of my knowledge and belief.

I understand that I may file an amended statement upon discovery of additional information required to be reported.

I acknowledge awareness of Indiana Code 4-2-6-8(d) under which a failure to file in a timely manner or filing a deficient statement is subject to a civil penalty at the rate of not more than ten dollars (\$10) for each day the statement remains delinquent or deficient. The maximum penalty under this subsection is one thousand dollars (\$1,000). I also acknowledge awareness of Indiana Code 4-2-6-8(e) under which a person who intentionally or knowingly files a false statement commits a class A infraction.

Personal signature

Connie K Nasis

Date signed (month, day, year)

1-31-06

Mail or deliver to the following address:

Indiana State Ethics Commission

Indianapolis IN 46204-2026
Telephone: (317) 232-3850

ISTA Building
150 West Market St., Suite 414
Indpls., IN 46204

Part 7 -- STOCKHOLDER OF CORPORATION

Connie Kay Nass

NOBLE CORPORATION
ABERCROMBIE & FITCH CL A
ADMINISTAFF INC
AMERICAN EAGLE
BJ SERVICES COMPANY
BP PLC
BELDEN CDT INC
CHEVRON CORPORATION
CLEVELAND CLIFFS INC
COSTCO WHOLESALE CORP
DAKTRONICS INC
DARDEN RESTAURANTS INC
DIAGEO PLC NEW SPN ADR
EMC CORP MASS
GENERAL MILLS INC.
KLA-TENCOR CORP
LCA VISION INC
LANDSTAR SYSTEM INC.
LEHMAN BROTHERS HOLDINGS INC
MAXIMUS INC
NATIONAL SEMICONDUCTOR CORP
OCCIDENTAL PETRO CORP
PATTERSON UTI ENERGY INC
PHARMACEUTICAL PRODUCT DEVELOPMENT INC
PIONEER NATURAL RESOURCES COMPANY
PROCTER & GAMBLE COMPANY
ROBERT HALF INTL INC
SCP POOL CORP
SCOTTS MIRACLE-CTO CO
SCUDDER MUNICIPAL INCOME TRUST
SIMPSON MANUF CO INC
SMITH INTERNATIONAL INC
STAPLES INC
STEEL DYNAMICS INC
STERIS CORPORATION
THIRD CENTURY BANCORP

VECTREN CORP
VICOR CORP
WESTWOOD ONE INC
HILLIARD LYONS GOVERNMENT FUND INC
THE NEW ECONOMY FUND A
NASS AND SON, INC. FUNERAL HOME

ALAN WAYNE NASS (SPOUSE)

ANALOG DEVICES
GENERAL ELECTRIC COMPANY M
GERMAN AMERICAN BANCORP
GUIDANT CORP
INTEL CORP M
JOHNSON & JOHNSON M
ORACLE CORP
PFIZER INCORPORATED QUEST DIAGNOSTICS INC
TEXTRON INCORPORATEDUNIVERSAL HEALTH SVC CLB
CAPITAL INCOME BLDR FD M
GROWTH FUND AMERICA INC
PUTNAM NEW OPPORTUNITY FD CL A
NEW ECONOMY FUND CL A
NEW WORLD FUND INC CL A
NASS AND SON, INC. FUNERAL HOME